

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15838

State File No.

Registrar's No.

Registration District No.

318

Primary Registration District No.

1003

5255

## 1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... City of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3868 Bates St. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 81 Years (Specify whether  
In this community..... years, months or days)

3. (a) PRINT FULL NAME Michael B. Bardol

3. (b) If veteran, name war..... None 3. (c) Social Security No. None

4. Sex Male ( ) 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... May 24 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 0 12 hr. min.

9. Birthplace..... St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Salesman

11. Industry or business..... Retired

12. Name..... Unknown

13. Birthplace..... Alsace Lorraine  
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Elsie Wolf

(b) Address..... 3868 Bates St.

17. (a) Burial (b) Date thereof..... 6-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Sts. Peter & Paul

18. (a) Signature of funeral director..... Southern Funeral Home

(b) Address..... 6322 So. Grand Blvd.

19. (a) JUN 8 1943  
(Date received local registrar)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
(c) City or town..... City of St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No..... 3868 Bates St.  
(If rural, give location)  
(e) Citizen of foreign country?..... No (Yes or No)  
If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 6th  
year..... 1943 hour..... 6:10 minute..... A. M.

21. I hereby certify that I attended the deceased from..... 6-4-43 to..... 6-6-43  
that I last saw him alive on..... 6-4-43  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary Thrombosis

Due to..... Chronic Myocarditis

Other conditions..... Senility  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... 93

Of autopsy.....

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature..... J. F. Bardol (M. D. or other)  
Address..... 6006 Virginia Date signed..... 6-8-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*R. D. Spawett*

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Virgil L. Berryman*  
Licensed Embalmer No. *4018*  
P. O. Address *St. Louis, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**